



**Stormwater BMP Owner Inspection Form**  
**Rock Channel**  
 City of Columbia, Missouri

Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Legal: \_\_\_\_\_

Date: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

I. GENERAL INSPECTION RESULTS					
Item	Inspection Results				BMP's in General
1	<input type="checkbox"/>	Apparent problems	<input type="checkbox"/>	No problems	BMP does not appear to be well maintained.
2	<input type="checkbox"/>	Design flaws	<input type="checkbox"/>	No flaws	BMP observed to have significant design flaws which lessen its effectiveness.
3	<input type="checkbox"/>	Unauthorized modifications	<input type="checkbox"/>	No modifications	BMP has unauthorized modifications that reduce its effectiveness.
4	<input type="checkbox"/>	BMP removed	<input type="checkbox"/>	BMP present	BMP has been destroyed or removed from property.
5	<input type="checkbox"/>	Trash	<input type="checkbox"/>	No Trash	Trash and debris has accumulated on/in BMP. Yard waste in BMP.
6	<input type="checkbox"/>	Contaminated	<input type="checkbox"/>	Uncontaminated	Evidence of Oil, gasoline. Contaminants or other pollutants.
7	<input type="checkbox"/>	Smells	<input type="checkbox"/>	Doesn't smell	Unpleasant odors from the BMP.
II. BMP SPECIFIC INSPECTION RESULTS – ROCK CHANNEL					
Item	Inspection Results				BMP : Rock Channel
1	<input type="checkbox"/>	Clogged	<input type="checkbox"/>	Not clogged	Flow spreader uneven or clogged so flows are not uniformly distributed across BMP.
2	<input type="checkbox"/>	Sediment accumulated	<input type="checkbox"/>	No sediment accumulated	Forebay sediment depth exceeds 50% of design capacity.
3	<input type="checkbox"/>	Sediment accumulated	<input type="checkbox"/>	No sediment accumulated	Sediment depth exceeds 2 inches on more than 10% of vegetated treatment area or interferes with BMP performance.



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4	<input type="checkbox"/>	Erosion or scouring	<input type="checkbox"/>	No erosion or scouring	Eroded or scoured areas due to flow channelization, higher flows, wind or water.
5	<input type="checkbox"/>	Poor vegetation	<input type="checkbox"/>	Proper vegetation	Planted vegetation is sparse or bare or eroded patches occur in more than 10% of the BMP.
6	<input type="checkbox"/>	Nuisance vegetation	<input type="checkbox"/>	Proper vegetation	Planted vegetation is excessively tall; nuisance weeds, invasive or noxious vegetation are overgrown; vegetation reduces free movement of water through BMP.
7	<input type="checkbox"/>	Brush/trees	<input type="checkbox"/>	Proper vegetation	Growth of brush and trees does not allow for proper maintenance.
8	<input type="checkbox"/>	Standing water	<input type="checkbox"/>	No standing water	Water is observed within the BMP (between storms) and appears not to drain freely or soil is excessively soggy. Excessive ponding of water within vegetated swale or other BMP.
9	<input type="checkbox"/>	Clogged	<input type="checkbox"/>	Not clogged	Inlet/outlet clogged or obstructed with sediment and/or debris.
10	<input type="checkbox"/>	Flow	<input type="checkbox"/>	No flow	Small quantities of water flow through the vegetated swale, even when it has been dry for weeks, and eroded muddy channel has formed in the swale bottom
11	<input type="checkbox"/>	Plant stress	<input type="checkbox"/>	No stress	Plant stress evident from inadequate watering.
12	<input type="checkbox"/>	Needs mowing	<input type="checkbox"/>	Grass Mowed	Grass is overgrown.



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1. Is maintenance needed at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are mosquitoes or mosquito larvae present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Maintenance items needed/completed:  _____  _____  _____		
Return completed form by either of the following: <ul style="list-style-type: none"><li>Email – <a href="mailto:stormwaterbmp@como.gov">stormwaterbmp@como.gov</a> (<i>preferred method</i>)</li><li>Mail – City of Columbia Stormwater Utility, P.O. Box 6015, Columbia, MO 65205-6015</li></ul> For questions, call (573) 441-5530.		

Inspected by: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
[Print Full Name]

**FOR CITY USE ONLY - DO NOT FILL**

Date received : _____	Received By: _____
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Comments/Corrective actions required: